

**Framingham Police
Framingham Auxiliary Police**



Town of Framingham

Application for Volunteer Position of Auxiliary Police Officer

THIS IS A VOLUNTEER POSITION WITH NO COMPENSATION

FRAMINGHAM AUXILIARY POLICE AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Officer or other authorized representative of the Framingham Police Department and the Framingham Auxiliary Police bearing this release, or copy thereof, within one year of it's date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to: achievement, attendance, personal history, disciplinary records and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Framingham Police Department and Framingham Auxiliary Police. Consent is granted for the Framingham Police Department and Framingham Auxiliary Police to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, officers, employees or related personnel, as custodian of such records, and any school, college university or other educational institution, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including it's officers, employees, or related personnel, both individually and collectively from any and all liability for damages of any kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security number voluntarily, with the understanding Federal statute or regulation does not require such. I have been advised that the Framingham Police Department and Framingham Auxiliary Police will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this background investigation. Should there be any questions as to the validity of this release, you may contact me as indicated below.

(Signature)

(Printed Name)

(Date)

(Social Security number)

(Witness signature)

(Address)

(City, Town, State, Zip code)

Each applicant must supply the following items:

1. A completed application.
2. Certified copies of all higher education diplomas, certificates & transcripts.
3. A copy of DD214 service discharge. (If applicable)
4. A copy of FID, License to carry a firearm, and any other licenses or certificates.

1. FULL NAME

LAST: _____ FIRST: _____ MI: _____ Jr., Sr. etc: _____
if you have only initials in your name use them and state (IO). If you have no middle name, enter "NMN". If you are a Jr., Sr., III, etc., enter this in the box after your middle initial.

2. DATE OF BIRTH:(MM/DD/YY)_____ / _____ / _____**3. SOC.SEC. #: _____ - _____ - _____****4. PLACE OF BIRTH: USE THE TWO LETTER CODE FOR THE STATE.**

City: _____ State: _____ Country: _____

Are you a citizen of the United States of America ? ____Yes ____No

5. OTHER NAMES USED GIVE OTHER NAMES USED SUCH AS YOUR MAIDEN NAME, NAME (S) BY A FORMER MARRIAGE, ALIAS, ETC.

NAME _____ DATE (S) WHEN USED _____

NAME _____ DATE (S) WHEN USED _____

NAME _____ DATE (S) WHEN USED _____

6. IDENTIFYING INFORMATION

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ SEX: ____M____F

7. TELEPHONE NUMBERS: WORK () HOME ()

7a. e-mail address: _____

8. RESIDENTIAL HISTORY

#1	Month/Year	Street Address	Apt#	City	State	Zip Code
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From _____ to Present _____

#2	Month/Year	Street Address	Apt	City	State	Zip Code
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From _____ to _____

#3	Month/Year	Street Address	Apt	City	State	Zip Code
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From _____ to _____

#4	Month/Year	Street Address	Apt	City	State	Zip Code
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From _____ to _____

9. EDUCATIONAL BACKGROUND

- Provide information about schools you have attended, beyond Middle School, beginning with the most recent (#1) and working backward.
- For schools you attended in the past 3 years, list a person who you knew at school (such as an instructor or a student).
- For correspondence schools and extension classes, list records location address. In the "Code" block, use one of these codes: 1-High School 2-College/University 3-Vocational/Trade School.

#1	Month/Year	Code	Name of School	Degree/Diploma (Date)	
	to				
Street Address and City of School				State	Zip Code
<hr/>					
#2	Month/Year	Code	Name of School	Degree/Diploma (Date)	
	to				
Street Address and City of School				State	Zip Code
<hr/>					
#3	Month/Year	Code	Name of School	Degree/Diploma (Date)	
	to				
Address and City of School				State	Zip Code
					Street

10. COMPUTER TRAINING

Please provide information regarding computer training you have attended if applicable.

Year	About the Class
#1. _____	_____
#2. _____	_____
#3. _____	_____

Indicate computer programs and the level of your competency with each

	Fluent	Good	Fair	None
Word				
Excel				
Power Point				
Access				
MSDOS				
Packet Cluster				

11. EMPLOYMENT ACTIVITIES

Fill in your employment activities, beginning with the present (#1) and working backward 10 years.

INCLUDE: All full-time work All paid work All part-time work
All periods of unemployment Self employment Active military duty
#1 Month/Year Employed Position/Title

From _____ to Present by: _____
Employer's Street Address City State Zip Code Tel. #

Street Address of Job Location (If different than Employer's Address):

City State Zip Code Tel.

Supervisor's Name

Reason for Leaving Employment

#2 Month/Year Employer Position/Title

From _____ to _____ by: _____
Employer's Street Address City State Zip Code Tel. #

Street Address of Job Location (If different than Employer's Address)

City State Zip Code Tel.

Supervisor's Name

Reason for leaving Employment

#3 Month/Year Employed Position/Title

From _____ to _____ by: _____
Employer's Street Address City State Zip Code Tel. #

Street Address of Job Location (If different than Employer's Address)

City State Zip Code Tel.

Supervisor's Name

Reason
for Leaving Employment

#4 Month/Year Employer Position/Title

From _____ to _____ by: _____
Employer's Street Address City State Zip Code Tel. #

Street Address of Job Location (If different than Employer's Address)

City State Zip Code Tel.

Supervisor's Name

Reason
for Leaving Employment

12. OUTSIDE ACTIVITIES

List any activities, which you may wish to have considered as reflecting favorably on your reputation for leadership, responsibility, honesty, and integrity.

Month/Year	Activity	Location of Activity (City/State)
#1 _____ to _____	_____	_____
#2 _____ to _____	_____	_____
#3 _____ to _____	_____	_____
#4 _____ to _____	_____	_____

13. FOREIGN COUNTRIES VISITED

- List foreign countries you have visited beginning with the most recent (#1) and working backward 10 years.
In the "code" block use one of these codes: 1-Business 2-Pleasure 3-Education 4-Other

Month/Year	Code	Country	Month/Year	Code	Country
#1 _____ to _____	_____	_____	#3 _____ to _____	_____	_____
#2 _____ to _____	_____	_____	#4 _____ to _____	_____	_____

14. MILITARY HISTORY

A. Are you registered for Selective Service? ____Yes ____No

Selective Service # _____ Local Board # _____

City _____ State _____

B. Have you served in the United States Military? ____Yes ____No

Have you served in the United States Merchant Marine? ____Yes ____No

If your answer to both questions is "No", please skip to QUESTION 16

C. Starting with the most current (#1) and working backward, enter information for all periods of Active/Reserve Service into the table below.

In the code block use one of these codes:

1-Airforce 2-Army 3-Navy 4-Marine Corps 5-Coast Guard 6-Merchant Marine 7-National Guard

(For Reserves place an "R" after the appropriate #, For example Army Reserves would be "2R")

Indicate Status (Mark "X" in appropriate blocks-use State Code for National Guard)

Month/Year	Code	Rank	None	Active Duty	Active Reserve	National Guard/Inactive Reserve	Retired
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#1 _____

#2 _____

#3 _____

15. MILITARY RECORD

A. Type of Discharge _____

Explain any type of Discharge other than Honorable

B. Date of Discharge _____

B. Was any type of disciplinary action taken against you while in the service? If yes, complete below:
Month/Year Charge of Specification/Action Taken Place (City/County/State/Country)_____
_____**16. RELATIVES**

All applicants must give complete information concerning their relatives (Mother, Father, and Siblings). If you have been married more than once, give the requested information concerning each former spouse. Even though a relative is deceased, give all the information requested, and indicate last residence and year of death. If someone has reared you other than your parents, the requested information should be furnished concerning them, as well as your biological parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included for your future spouse.

COMPLETE NAME, INCLUDING MIDDLE NAME (NO INITIALS), COMPLETE ADDRESS

Name Relationship to you Birth Date Birthplace

Address _____
Occupati
on and Employer_____
Name
Relationship to you Birth date BirthplaceAddress _____
Occupati
on and Employer_____
Name
Relationship to you Birth date BirthplaceAddress _____
Occupati
on and Employer_____
Name
Relationship to you Birth date BirthplaceAddress _____
Occupati
on and Employer_____
Name
Relationship to you Birth date BirthplaceAddress _____
Occupati
on and Employer_____

17. PERSONS RESIDING WITH YOU

Does anyone reside with you, other than your spouse or relatives indicated in question 14? If "yes", provide the information required below.

Name of Person Relationship

Date of Birth

Social Security #

18. MARITAL STATUS

MARK ONE OF THE FOLLOWING BOXES TO SHOW YOUR CURRENT MARITAL STATUS:

____ 1-Never Married (go to question 19) ____ 2-Married ____ 3-Separated ____ 4-Legally separated ____ 5-Divorced ____ 6-Widowed

Spouse: Complete the following about your spouse:

Full Name

Date of birth

Place of Birth (include Country)

Social Security #

Other Names Used by Spouse (Specify maiden name, names by other marriages, etc., and show dates used for each name)

Country of Citizenship

Date Married

Place Married (City/State/Country)

If separated, date of Separation (Mo/Day/Yr.)
(City & State)

If legally separated, where is the record located?

Address of spouse (Street, City, and Country)

Former Souse(s): Complete the following about your former spouse(s). Use continuation sheet if necessary.

Full Name

Date of Birth

Place of Birth (include Country)

Social Security #

Country of Citizenship

Date Married

Place Married (City/State/Country)

Check one, then give date

Month/Day/Year if divorced, where is the record located?

(City/Country)

____ Divorced ____ Widowed

Address of Former Spouse (Street, City, and Country if outside U.S.)

19. EMPLOYMENT RECORD

Has any of the following happened to you in the last 10 years? If "yes" begin with the most recent occurrence and go backward, providing date fired, quit, or left under conditions other than favorable and other information requested.

Use the following codes and explain the reason your employment was ended:

- | | |
|--|--------------------------------------|
| 1-Fired from a job | 4-Left a job by mutual agreement |
| 2-Quit a job after being told you would be fired | following allegations of |
| 3-Left a job by mutual agreement under unfavorable | unsatisfactory performance |
| circumstances | 5-Left a job for other reasons under |
| | unfavorable circumstances |

Month/Year	Code	Specify Reason	Employer's Name and Address (City/State/Country/Zip Code)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. POLICE RECORD

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer 'no record' with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition any applicant for employment may answer 'no record' with respect to prior arrests, court appearances and adjudication in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution (See MGL c276, s100a, s100c).

- =====
- A. Have you ever been convicted of any felony offense? _____Yes
_____No
- B. Have you ever been convicted of any misdemeanor offense?
_____Yes _____No
- C. Have you ever been convicted of any offense(s) related to drugs? _____Yes
_____No
- D. Are there currently any felony or drug charges pending against you? _____Yes
_____No

If you answered yes to A, B, or C above, explain your answer(s) in the space provided.

Month/Year	Offense	Action Taken

Law Enforcement Authority or Court		

Month/Year	Offense	Action Taken

Law Enforcement Authority or Court		

Month/Year	Offense	Action Taken

Law Enforcement Authority or Court		

21. ILLEGAL DRUGS

Do you currently use, or in the past 5 years, have you used, possessed, supplied, or manufactured any illegal drugs? When used without a prescription, illegal drugs include steroids, marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualorte, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or designer drugs. (NOTE: The information you provide in response to this question will not be provided for use in any criminal proceedings against you). _____ Yes _____ No

If you answered yes to the previous, provide below any information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.

Month/Year _____ to _____	Type of Substance _____	Explanation _____
_____ to _____	_____	_____
_____ to _____	_____	_____

22. INVESTIGATIONS RECORD

A. To the best of your knowledge has the Commonwealth of Massachusetts or the United States Government ever investigated your background? If "Yes" provide the information below.

Month/Year	Investigating Agency	Month/Year	Investigating Agency
_____	_____	_____	_____
_____	_____	_____	_____

B. To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from Government employment? If "Yes" give date of action and agency.

Month/Year	Investigating Agency	Month/Year	Investigating Agency
_____	_____	_____	_____
_____	_____	_____	_____

C. Have you ever applied to another Local, State or Federal Police Agency? If "Yes" please provide date and agency.

Month/Year	Investigating Agency	Month/Year	Investigating Agency
_____	_____	_____	_____
_____	_____	_____	_____

23. FINANCIAL RECORD

A. In the last 5 years, have you, or a company of which you own 10% or more, filed for bankruptcy, been declared bankrupt, been subject to tax lien, or had legal judgment rendered against it for a debt? If you answered "Yes" provide date of initial action and other information requested below. ____ Yes
____ No

Month/Year	Type of Action	Business Name	Name/Address of Court handling case (City & State)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Are you now over 180 days delinquent on any loan of financial obligation? Include loan or obligations funded or guaranteed by the Federal Government. If you answered "Yes" provide the information requested below. ____ Yes ____ No

Month/Year	Type of Action	Business Name	Name/Address of Court handling case (City & State)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. List all loans whose principal outstanding balance exceeds \$1000. and on which you are individually or jointly liable either directly or as a guarantor.

Lender	Loan#	Original Bal.	Outstanding Bal.	Purpose for Loan
_____	_____	\$ _____	\$ _____	_____

D. SUPPORT ORDERS

1. Are there any orders/agreements entered into regarding child support/alimony? If "No" go to question 24. ____ Yes ____ No

2. If "Yes" to question 1, are the orders/agreements being fulfilled to their fullest?
____ Yes ____ No

3. If "Yes" to question 1, have there been any previous problems in fulfilling these orders/agreements?
____ Yes ____ No

If you answered "Yes" to 1, 2, or 3 above, explain your answer(s) in the space below. (Include court, judgment, & penalties).

24. INCOME TAXES

A. Have your Massachusetts Tax Returns been filed on time for the last 7 years? _____ Yes
_____ No

B. Have your Federal Tax Returns been filed on time for the last 7 years? _____ Yes
_____ No

C. Are you delinquent on any State or Federal Tax Liabilities? _____ Yes
_____ No

If you answered "Yes" to A, B, or C above, explain your answer(s) in the space below.

25. BUSINESS INVOLVEMENT

A. Do you presently own, or within the past 7 years have you owned, more than 10% of the following:

1. A Company _____ Yes _____ No

2. A Partnership (include general or limited partnership) _____ Yes _____ No

3. Joint Venture _____ Yes _____ No

4. Joint Enterprise _____ Yes _____ No

If you answered "Yes", provide the required information below.

Name of Business _____ Location (Address, City, State & Country) _____ Percentage Owned _____

B. Do you or any member of your immediate family (spouse or child) presently have a greater than 10% equity interest in any business entity (include general or limited partnership, joint venture or joint enterprise)? _____ Yes _____ No

If you answered "Yes", provide the required information below.

Name of Business _____ Location (Address, City, State & Country) _____ Percentage Owned _____

Who owns the Business Interest?

Describe the Nature of the Business

26. CIVIL LITIGATION

A. To the best of your knowledge, are there any civil actions pending against you?

____ Yes ____ No

B. Have there been any civil actions concluded against you within the past 7 years (favorably or adversely)? ____ Yes ____ No

If you answered "Yes" to A or B above, explain your answer(s) in the space below (If known, include: court(s), case name(s), docket #(s), nature of lawsuit and outcome).

27. PREVIOUS INTERACTIONS WITH STATE AGENCIES

A. Have you ever filed a financial disclosure form with the State Ethics Commission or a similar body in another state? If "Yes", submit with this application, a copy of your most recent submission.

____ Yes ____ No

B. Have any proceedings been instituted against you by the State Ethics Commission or a similar body in another state? ____ Yes ____ No

C. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to any licenses or registrations you possess? ____ Yes ____ No

D. To your knowledge, have any complaints or disciplinary actions been filed against you with regard to your membership in any professional or trade association(s)? ____ Yes ____ No

E. Do you presently have any business, hearing, complaint or claim with any regulatory agency or board? ____ Yes ____ No

F. Within the past 7 years have you had any business, hearing, complaint or claim with any regulatory agency or board? ____ Yes ____ No

If you answered "Yes" to B, C, D, E or F above, explain your answer(s) in the space below. (Include nature of allegations, date and outcome of proceedings).

28. LICENSES

A. Are you a licensed automobile operator? ____ Yes ____ No

B. Do you hold a CDL? ____ Yes ____ No

C. Do you possess any other license(s), permit(s), or registration(s) such as Firearms, Professional, Trade, etc.? ____ Yes ____ No

If you answered "Yes" to any of the above, provide the information required below.

Type of License	License Number	Date Issued	Expiration Date
-----------------	----------------	-------------	-----------------

1. _____

2. _____

3. _____

Issuing State/Country	Issuing Agency(include address)
-----------------------	---------------------------------

1. _____

2. _____

3. _____

29. VOTER REGISTRATION

Are you registered to vote? ____ Yes ____ No City & State registered _____

30. PROFESSIONAL/TRADE ASSOCIATIONS & ORGANIZATION MEMBERSHIPS

Do you hold membership in any professional or trade organization(s) past or present?

____ Yes ____ No

(If "Yes", provide the information required below).

Organization	Address	Type	Present Position Held
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1. _____ 2. _____

_____ 3. _____

4. _____

31. PROPERTY OWNERSHIP

List any real property in which you, your spouse, or your minor children have an equity or financial interest.

Property Address	Owner	Relationship (self, spouse, etc.)
------------------	-------	-----------------------------------

1. _____

2. _____ 3. _____

32. REFERENCES

A. List three people who know you "Professionally" and can attest to your qualifications and fitness for the position for which you are applying. Also include an e-mail address if available.

Full Name of Reference Telephone Number Address Relationship

1. _____

2. _____

3. _____

B. List three people who know you "Personally" and can attest to your qualifications and fitness for the kind of position for which you are applying. Also include an e-mail address if available.

Full Name of Reference Telephone Number Address Relationship

1. _____ 2. _____

_____ 3. _____

33. LANGUAGE

Indicate languages you speak, read, and/or write.

Language	Fluent			Good			Fair		
	Speak	Read	Write	Speak	Read	Write	Speak	Read	Write
1.									
2.									
3.									

34. Subversive Organizations

Are you now, or have you ever been a member of any political party or organization that advocates, the overthrow of the government of the United States or of this Commonwealth by force or violence?

____ Yes ____ No

(If "Yes", please explain in detail)

35. Why do you want to join the Framingham Auxiliary Police?

36. Are you available for weekend and evening training?

37. What are you personally looking to get out of your membership in the Framingham Auxiliary Police?

[illegible]

FRAMINGHAM AUXILIARY POLICE

Certifications and Understandings Related to Application for Volunteer Auxiliary Police Officer Position

I have read each question asked of me and understand each question. My statements on this form, and any attachments to this form, including but not limited to a resume, are true, correct, and accurate to the best of my knowledge and belief and are made in good faith.

It is understood that at no time will I expect reimbursement for my services as an Auxiliary Police Officer. It is further agreed that I will not at any time, while a member of the Framingham Auxiliary Police, solicit the Framingham Police Department for paid details.

It is understood that initially, if accepted, I will be assigned as a probationary member of the Framingham Auxiliary Police, and that during that time, I can be discharged without cause by the Commanding Officer of the Framingham Auxiliary Police.

Signed under the penalties and pains of perjury, this the _____ day of _____, 20__.

Printed Name

Signature